PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
Trademark Office: U.S. DERAPTMENT OF COMMITTEE

Complete if Known 1989/2004 FEE TRANSMITTAL FOR FY 2008 FEE TRANSMITTAL FOR FY 2008 FEE TRANSMITTAL For FY 2008 Filing Date November 21, 2003 First Named Inventor Arthur M. Krieg Fee Name P. K. Tungaturthi Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1643 TOTAL AMOUNT OF PAYMENT (check all that apply) TOTAL AMOUNT OF PAYMENT (check all that apply) Check Gredit Card Money Order None Other (glease identity): Deposit Account Deposit Account Number 23/2825 Depos	Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB conf								control number	
FEE TRANSMITTAL For FY 2008 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 At Unit	Effective on 12/08/2004.									
FIOR FYY 2008 Applicant claims small entity status. See 37 CFR 1.27 At Unit 1643 Applicant claims small entity status. See 37 CFR 1.27 At Unit 1643 Applicant claims small entity status. See 37 CFR 1.27 At Unit 1643 At Unit 1643 At Unit 1643 At Unit 1643 Clack Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 23/2825 Deposit Account Number: Wolf, Greenfield & Sacks, P.C. Deposit Account Deposit Account Number: 23/2825 Deposit Account Number: Wolf, Greenfield & Sacks, P.C. Deposit Account Deposit Account Number: 23/2825 Deposit Account Number: Wolf, Greenfield & Sacks, P.C. Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below, except for the filing fee X X N N N N N N N N										
Examiner Name P. K. Tungaturthi Applicant claims small entity stabus. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$ 1,050.00 METHOD OF PAYMENT (chack all that apply)	FEE IRANSMII [AL									
Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1643 TOTAL AMOUNT OF PAYMENT (5) 1,050.00 Attomety Docket No. C1039.70021US01 METHOD OF PAYMENT (check all that apply) Check	For FY 2008									
METHOD OF PAYMENT (check all that apply)										
Chack X Credit Card Money Order None Other (please identify):					74t Olik					
Check X Credit Card Money Order None Other (please identify): Deposit Account Name: Wolf, Greenfield & Sacks, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee SEARCH FEE Charge fee(s) indicated below, except for the filing fee fee(s) indicated below, except	TOTAL AMOUNT OF PAYMENT (\$) 1,050.00				Attorney Docket No. C1039.7002			JS01		
Deposit Account Name: Wolf, Greenfield & Sacks, P.C.	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) Charge f	Check X Credit Card Money Order None Other (please identify):									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge ary additional fee(s) or underpayments of X Credit any overpayments	Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.									
Charge any additional fee(s) or underpayments of lea(s) under 37 CFR 1,16 and 1,17 FEE CALCULATION I. BASIC FILING, SEARCH, AND EXAMINATION FEES Seal Charge Sea	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Total Claims Extra Claims Fee (5) Fee (1) Fee (5) Fee Paid (5) Fee (6)	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
ABSIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES SEAMINATION FEES Small Entity Fee (5) Fee (6) F										
SEARCH FEES SANINATION FEES SANINATION FEES SANINATION FEES Sanil Entity Sanil Entit	FEE CALCULATION									
See (5) Fee (6) Fee										
Application Tyme				SE.		EXAMIN				
Utility	Application Type F	ee (\$)		Fee (\$		Fee (\$)		Fees I	Paid (\$)	
Plant								1000	414 147	
Reissue	Design	210	105	100	50	130	65			
Provisional 210 105 0 0 0 0 0 0 0 0 0 0 2 EXCESS CLAIM FEES Small Entity Fee (S) F	Plant	210	105	310	155	160	80			
Provisional 210 105 0 0 0 0 0 0 2 EXECRIS CLAIM FEES Small Entity Fee (\$) Fee	Reissue	310	155	510	255	620	310			
Fee Beach ration over 20 (including Reissues) See See See See See See See See See S	Provisional	210	105	0	0					
Fee Back Indian over 20 (including Rotissues) Fee (S) Fee See	2. EXCESS CLAIM FEES								Small Entity	
Each independent claims ver 3 (including Reissues) Multiple dependent claims Fee (5) Fee Paid (5)										
Multiple dependent claims Total Calams Extra Claims Fee (5) Fee Paid (5) Fee Paid (5) Fee (6) Fee Pa										
Total Claims Extra Claims Fee (5) Fee Paid (5) Multiple Dependent Claims Fee (5) Fee Paid (5)	***************************************									
Fee (5) Fee Paid (5)	1									
Indep. Clalms Extra Clalms Fee (5) Fee Paid (5) HP = highest number of Independent claims paid for, If greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$200 (13) for small entity) for each additional 50 sheets of fraction thereos 6 set 55 U.S. C. 41(c)(1)(G) and 37 CPR 1.16(s). Total Sheets Furs Sheets Number of each additional 50 or fraction thereos 6 set 55 U.S. C. 41(c)(1)(G) and 37 CPR 1.16(s) (round up to a whole number) Fee (5) Fee Paid (5) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00 SUBMITTED BY Registration No. 9,248 Telephone 617.646.8000								Fee Paid (\$)		
X = X = X = X = X = X = X = X = X = X =	HP = highest number of total claims p	ald for, if gre	ater than 20.						_	
NP = highest number of Independent claims paid for, Vigreater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$2.00 (\$130 for small entity) for each additional 50 sheets or finction thereof See 35 U.S. C. 41(91)(1)(3) and 37 CPR 1.16(s). Total Sheets -100 =	Indep. Claims Extra Clair		e (\$)	Fee I	Paid (\$)					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CRF 1.2(c)), the application size feed use is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	HP = highest number of independent claims paid for, if greater than 3.									
Total Sheets Sumber of each additional 50 or fraction thereof Fee (5) Fee Paid (5)	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50									
4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 1,050.00 Other (e.g., the filing surcharge): 1253 Extension for response within third month 1,050.00 SUBMITTED BY Registration No. (Macrophylapetr) 39,248 Telephone 617,646.8000	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): 1253 Extension for response within third month 1,050.00 SUBMITTED BY Signature Registration No. (Astronophignet) Registration No. (Astronophignet) Registration No. (Astronophignet) Registration No. (Astronophignet)										
SUBMITTED BY Spranture The County Registration No. 19,248 Telephone 617.646.8000	1 000 1 and (4)									
Signature Color Registration No. (Attorney/Agent) 39,248 Telephone 617.646.8000										
(Altorney/Agent) 39,246 Teleprione 617.040.8000	SUBMITTED BY	- 1	1							
Name (Print/Type) Hèlen C. Lockhart Date August 4, 2008	Signature (L)	oul	lart		Registration No. (Attorney/Agent)	39,248	Telephone	617.646	0008.8	
	Name (Print/Type) Helen C. Loc	khart					Date	August 4	, 2008	

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). Dated: August 4, 2008